

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)

SERIAL NO. 10/030735 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
1	1		1		1	
2		1				1
3		1		1		1
4		1		1		1
5		1		1		1
6		1				
7		1				1
8	1				1	1
9		1			1	1
10		1			1	1
11	1					
12		1			1	1
13	1				1	1
14		1			1	1
15	1				1	1
16		1			1	1
17		1			1	1
18		1			1	1
19		1			1	1
20	1				1	1
21		1			1	1
22		1			1	1
23		1			1	1
24		1			1	1
25		1			1	1
26	1				1	1
27		1			1	1
28		1			1	1
29	1				1	1
30	1				1	1
31		1			1	1
32		1			1	1
33		1			1	1
34		1			1	1
35		1			1	1
36		1			1	1
37	1				1	1
38		1			1	1
39		1			1	1
40		1			1	1
41		1			1	1
42		1			1	1
43		1			1	1
44	1				1	1
45		1			1	1
46		1			1	1
47		1			1	1
48		1			1	1
49		1			1	1
50		1			1	1
TOTAL IND.	12				4	
TOTAL DEP.	33				34	
TOTAL CLAIMS	45				38	

NO.	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51		1				
52		1				
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS